

Brookline School District

Child Developmental History

Please respond to all questions as fully as possible to help us to get a better picture of your child, so that we can best meet your child's needs.

Name of Person Completing Form:

Date:

Relationship to child:

Child's Name:

Date of Birth:

Address:

Place of Birth:

Telephone:

Previous school, preschool/or child care facility:

Is your child adopted?

Does your child know he/she is adopted?

Is your child a foster child (if so, give date)
child?

Does your child know he/she is a foster
child?

Parent's Name:

Occupation:

Place of Employment:

Cell Phone or work phone:

Parent's Name:

Occupation:

Place of Employment:

Cell Phone or work phone:

Are parents: Married: Divorced: Separated: Widowed: Remarried:

Child lives with: Both Mother only: Father only:

Other specify:

- *Please note: If you have a parenting plan, the school will need to have a copy of the plan on file.*

Child's household includes (please list all members of household)

Name	Age	Relationship

Language (s) spoken in the house:

Developmental History: Child's birth

Full term:

Premature:

Please describe any prenatal complications:

Developmental milestones (note ages and anything unusual)

Sat without support:

Spoke in full sentences:

Walked alone:

Toilet trained:

Day:

Night:

Spoke first word:

Other:

Used single words:

Health History: (Please mark an **X** for any areas that apply to your child and comment)

Frequent colds: ____

Birth Injuries: ____

Toileting issues/assistance: ____

Fear of loud noises: ____

Frequent Headaches: ____

Vision problems: ____

Hearing problems: ____

Poor appetite: ____

Allergies (Asthma, eczema) ____

Medications: Which? ____

For what? ____

Has your child had any major illnesses, surgeries or hospitalizations? Please describe.

Describe any physical difficulties or limitations (eyes, ears, other):

Is there a history of any family illness which may affect your child's normal development?

Has your child had any assessment by a specialist, such as a psychologist, educator, or medical doctor?

If yes, when or where:

Results:

Has your child ever been placed in a program for children with special needs:

If yes, please describe:

Current Status:

Please mark an **X** on **motor skills** your child has acquired:

Runs ____ Skips ____ Balances on one foot ____ Hops ____

Climb stairs ____

Rides tricycle_____ Throws Ball_____ Catches Ball_____

Use Crayons/pencil_____

Writes name_____ Uses Scissors _____ Uses spoon/fork_____ Dresses self _____

Buttons_____ Zips_____

Child has developed right handedness_____ left handedness_____

Describe your child's ***Behavioral Development:***

Describe in detail your child's behavior with peers (shy, uncertain, confident, enthusiastic, dependent, joins groups, etc.)

How long is your child able to play with others without adult intervention?

Does your child tantrum?

Under what circumstances?

How much time per day does your child have screen time (TV, electronic devices)?

Does your child like to be read to? Yes or No

How often does your child read?

Can your child read by him/herself?

Does your child have any special styles or ways of communicating his/her feelings ?

How do you know he/she is angry, sad, etc?

How do you engage your child's cooperation? What works?

Have there been any significant experiences in your child's life of which the school should be aware? (E.g. moves, illness, deaths, fears)

What additional information would you like your child's teacher to know about your child so that they can help him/her have a positive experience in his/her first year at the Richard Maghakian Memorial School?